NYU WOMEN'S HEALTH STUDY FOLLOW-UP QUESTIONNAIRE

1. **Below is your name, address and telephone number as it appears in our records. Please print corrections if necessary in the spaces provided.**

Name _____
Maiden name _____
Address _____ Apt.#_____
_____

Phone
(____) _____ (home)
(____) _____ (work)
Husband's name_____

When is the best time to call you?_____

2. **When you enrolled in our study you gave the names of the following two people whom we could write to if we were unable to contact you. Please correct this information if needed, or provide new names and addresses.** (At least one address should be *different* from yours).

Name _____
Address _____ Apt.# _____
_____
Telephone (____) _____

Name _____
Address_____ Apt.#_____
_____
Telephone (____) _____

3. **Have you ever had any of the following conditions?** (**IF YES**, please give the date of diagnosis or surgery. If you had the condition *more than once*, please list *all* dates.)

	No	Yes		Month	Year
3a. **Breast cancer?**	☐	☐ →	Date of diagnosis:	1._____	19____
				2._____	19____
3b. **Cancer of the uterus** (womb)**?**	☐	☐ →	Date of diagnosis:	_____	19____
3c. **Cancer of the ovary?**	☐	☐ →	Date of diagnosis:	_____	19____
3d. **Colon or rectum cancer?**	☐	☐ →	Date of diagnosis:	1._____	19____
				2._____	19____
3e. **Other cancer?**	☐	☐ →	Date of diagnosis:	1._____	19____
				2._____	19____
		→	Type of cancer:	1._____	
				2._____	
3f. **Hysterectomy** (uterus removed)**?**	☐	☐ →	Date of surgery:	_____	19____
3g. **Gall stones?**	☐	☐ →	Date of diagnosis:	_____	19____
3h. **Bone fracture since age 35?**	☐	☐ →	Date of fracture:	1._____	19____
				2._____	19____
		→	Which bone?	1._____	
				2._____	

4. **Did a doctor ever tell you that you had any of the medical problems listed below?**
(**IF YES**, when was the *first* time a doctor told you that you had this problem?)

	No	Yes	
4a. **Heart attack or myocardial infarction?**	☐	☐ →	Year first diagnosed: 19____
4b. **Angina?**	☐	☐ →	Year first diagnosed: 19 ____
4c. **Heart palpitations or arrhythmia?**	☐	☐ →	Year first diagnosed: 19 ____
4d. **Heart failure?**	☐	☐ →	Year first diagnosed: 19 ____
4e. **Other heart problem?** (Please list all other conditions)	☐	☐ →	Year first diagnosed: 1. 19 ____ 2. 19 ____ What problem? 1. ____ 2. ____
4f. **Stroke?**	☐	☐ →	Year first diagnosed: 19 ____
4g. **TIA** (small stroke)**?**	☐	☐ →	Year first diagnosed: 19 ____
4h. **High blood pressure?**	☐	☐ →	Year first diagnosed: 19 ____
4i. **Diabetes** (sugar disease)**?**	☐	☐ →	Year first diagnosed: 19 ____

5. **Did you ever go through any of the following procedures?**
(**IF YES**, when did you *first* go through this procedure?)

	No	Yes		Month	Year
5a. **Coronary Bypass surgery?**	☐	☐ →	Date first done:	____	19 ____
5b. **Balloon or other angioplasty?**	☐	☐ →	Date first done:	____	19 ____
5c. **Pacemaker insertion?**	☐	☐ →	Date first done:	____	19 ____
5d. **Other heart surgery?**	☐	☐ →	Date first done:	____	19 ____
		→	Type of surgery: ____		

6. **Have you ever taken any of the following medicines?**
(**IF YES**, when did you *first* start taking this medicine?)

	No	Yes	
6a. **Pill under the tongue or nitroglycerin?**	☐	☐ →	Year first taken: 19 ____
6b. **Nitroglycerin patch?**	☐	☐ →	Year first used: 19 ____
6c. **Blood pressure medicine?**	☐	☐ →	Year first taken: 19 ____
6d. **Medicine to lower your cholesterol?**	☐	☐ →	Year first taken: 19 ____
6e. **Other heart medicine?**	☐	☐ →	Year first taken: 1. 19 ____ 2. 19 ____ What medicine? 1. ____ 2. ____
6f. **Insulin?**	☐	☐ →	Year first used: 19 ____

7. **Have you ever had an ovary removed?** (This can be done either as a separate procedure or at the same time as a hysterectomy.) No ☐ Yes ☐ Not sure ☐

IF NO OR NOT SURE, GO TO QUESTION 8.

IF YES:

7a. Have both your ovaries been removed completely? No ☐ Yes ☐ Not sure ☐

7b. When was the *last* time you had surgery on your ovaries? 19_____ (year)

8. **Have you ever taken female hormones for reasons related to menopause, such as hot flashes?** (Exclude hormones taken for infertility or irregular periods.) No ☐ Yes ☐ Not sure ☐

IF NO OR NOT SURE, GO TO QUESTION 9.

IF YES:

8a. How old were you when you *first* took female hormones for menopause? _____ (age)

8b. Altogether, for about how many years did you take hormones for menopause? _____ (# of years)

8c. Are you still taking hormones for menopause? No ☐ Yes ☐

IF NO LONGER TAKING HORMONES:

8d. How old were you when you *last* took hormones for menopause? _____ (age)

9. **Have you ever taken birth control pills for any reason?** No ☐ Yes ☐

IF NO, GO TO QUESTION 10.

IF YES:

9a. How old were you when you *first* took birth control pills? _____ (age)

9b. Altogether, for about how many years did you take birth control pills? _____ (# of years)

9c. Are you still taking birth control pills? No ☐ Yes ☐

IF NO LONGER TAKING BIRTH CONTROL PILLS:

9d. How old were you when you *last* took birth control pills? _____ (age)

10. **Have you ever been pregnant for a full term (7 months or longer)?** (Please include stillbirths.) No ☐ Yes ☐

IF NO, GO TO QUESTION 11.

IF YES:

10a. Including stillbirths, how many full-term pregnancies have you had? _____ (# full-term)

10b. How old were you at the end of your *first* full-term pregnancy? _____ (age)

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11. **Have you taken aspirin three or more times per week for a period of six months or longer?** (Include Anacin, Bufferin, Alka Seltzer and other drugs which contain aspirin.) No ☐ Yes ☐

IF NO, GO TO QUESTION 12.

IF YES:

11a. How old were you when you started taking aspirin 3 or more times per week? _____ **(age)**

11b. For about how many years did you take aspirin 3 or more times per week? _____ **(# of years)**

11c. Are you still taking aspirin 3 or more times per week? **No** ☐ **Yes** ☐

IF NO LONGER TAKING ASPIRIN:

11d. How old were you when you stopped taking aspirin 3 or more times per week? _____ **(age)**

12. **Have you had at least one menstrual period in the past six months?** (Do not count bleeding which was brought on by hormones.) No ☐ Yes ☐

13. **What was the date of your last menstrual period?** (If you don't remember the month, just write the year.) _____ (month) 19_____ (year)

14. **Do you currently smoke cigarettes?** No ☐ Yes ☐

15. **How much do you currently weigh?** _____ pounds

16. **Did either of your parents ever have a heart attack?**

16a. **Father?** No ☐ Yes ☐ Not sure ☐

16b. **Mother?** No ☐ Yes ☐ Not sure ☐

17. **ABOUT TEN YEARS AGO, approximately how many cans or bottles of beer did you usually drink in a week?** (If less than one, write '0'.) _____ (# of cans/bottles per week)

18. **ABOUT TEN YEARS AGO, approximately how many 4-ounce glasses of wine did you usually drink in a week?** (If less than one, write '0'.) _____ (# of 4-oz glasses per week)

19. **ABOUT TEN YEARS AGO, approximately how many 1-ounce glasses (shots) of liquor, either straight or in a mixed drink, did you usually drink in a week?** (If less than one, write '0'.) _____ (# of 1-oz glasses per week)

20. **ABOUT TEN YEARS AGO, about how much did you usually walk outdoors in a week (including walking to work)?** (If you are not quite sure, please try to estimate.) _____ miles OR _____ blocks OR _____ minutes (per week)

21. **ABOUT TEN YEARS AGO, about how many FLIGHTS of stairs (not individual steps) did you usually climb up in a week?** _____ (# of flights per week)